

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | POSTING | ID NO. | DATE     |
|---------------------------|---------|--------|----------|
| FEE DETERMINATION         | BA      | 32     | 08-31-01 |
| O.I.P.E. CLASSIFIER       | MM      | 920    | 5/14     |
| FORMALITY REVIEW          |         |        | 10-03-01 |
| RESPONSE FORMALITY REVIEW |         |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy